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7590

06/29/2005

ORRICK, HERRINGTON & SUTCLIFFE, LLP  
IP PROSECUTION DEPARTMENT  
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SHARON B. LEACHMAN (Depositor's name)

*Sharon B. Leachman* (Signature)

September 29, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/073,095	02/08/2002	Pascal Pons	8707-2137	3696

TITLE OF INVENTION: Stimulation Circuits For A Cycle To Cycle Stimulation Threshold Capture For An Active Implantable Medical Device Such As A Pacemaker, Defibrillator And/Or Cardioverter Or A Multisite Device

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DUE DATE
nonprovisional	NO	\$1400	\$300	\$1700	09/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
Mullen, Kristen Droesch	3762	607-034000

1. Change of Correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Orrick Herrington &  
2. Sutcliffe, LLP

3.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT:

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: ELA Medical S.A.

(B) RESIDENCE: Montrouge, France

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 3

4b. Payment of Fee(s)

☐ A check in the amount of the fee(s) is enclosed☐ Payment by credit card. Form PTO-2038 is attached☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0665 (enclose an extra copy of this form).

## 5. Change of Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.b. ☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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10/05/2005 EAYALEW2 00000001 150665 10073095

Authorized Signature

Date September 29, 2005

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 9.00 DA

Typed or Printed name ROBERT M. ISACKSON

Registration No. Reg. No. 31,110

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